IDAHO DEPARTMENT OF
HEALTH & WELFARE

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May 4, 2010

Steve Silberberger, Administrator
Seven Oaks Community Homes-- Stephanie
3940 West 5th Avenue #C
Post Falls, Idaho 83854

RE: Seven Oaks Community Homes-- Stephanie, Provider #13G054

Dear Mr. Silberberger:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Seven Oaks Community Homes - Stephanie, on April 19, 2010.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, form CMS-2567, which states that no Medicaid deficiencies were noted at the time of the survey. Also, enclosed is a similar form stating that no State licensure deficiencies were noted at the time of the survey.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please call our office at (208) 334-6626.

Sincerely,

TM For

TOM MROZ
Health Facility Surveyor
Facility Fire Safety and Construction Program

TM/lj

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G054	A. BUILDING 03 B. WING _____	04/19/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEVEN OAKS COMMUNITY HOMES - STEPHA	615 NORTH STEPHANIE STREET

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS Surveyor: 27570 The facility is a single story, type V (000) wood frame construction with a composite pitched roof and two exits to grade. The facility was constructed during the spring of 2007 with plan review in April 2007. It is fully sprinklered with an NFPA 13D system and has a fire alarm/smoke detection system as well as, battery operated emergency lighting. The facility is currently licensed for 6 ICF/MR beds. The facility was found to be in substantial compliance with applicable fire/life safety requirements during the annual fire/life safety survey conducted on April 19, 2010. The facility was surveyed under the Life Safety Code, 2000 Edition, Chapter 32, New Residential Board & Care Occupancies, Impractical Evacuation Capability in accordance with 42 CFR 483.470 (j). The survey was conducted by: Tom Mroz CFI-II Health Facility Surveyor Fire/Life Safety and Construction	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G054	A. BUILDING 03 B. WING _____	04/19/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEVEN OAKS COMMUNITY HOMES - STEPHANIE	615 NORTH STEPHANIE STREET

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	16.03.11 Inital Comments Surveyor: 27570 The facility is a single story, type V (000) wood frame construction with a composite pitched roof and two exits to grade. The facility was constructed during the spring of 2007 with plan review in April 2007. It is fully sprinklered with an NFPA 13D system and has a fire alarm/smoke detection system as well as, battery operated emergency lighting. The facility is currently licensed for 6 ICF/MR beds. The facility was found to be in substantial compliance with applicable fire/life safety requirements during the annual Fire/Life Safety survey conducted on April 19, 2010. The facility was surveyed under the LIFE SAFETY CODE, 1976 Edition, Residential Board & Care Occupancies, Impractical Evacuation Capability in accordance with IDAPA 16.03.11 The Survey was conducted by: Tom Mroz CFI-II Health Facility Surveyor Fire/Life Safety and Construction	M 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE